



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA

APPLICATION AMENDMENT

Life Insured: David Dammon

The Application for Policy No. 43508586 is amended as follows:

Application Question 1 - Plan Name: Guaranteed Whole Life

I/We declare that I/we have, in an identical manner, completed and signed the copy of this amendment that is attached to and made part of the Policy/Certificate issued by the Company.

It is agreed that this amendment shall be part of the application for the policy.

Signed at _____ on _____ Date

David Dammon

Signature of Proposed Insured

Signature of Other Proposed Insured

Signature of Owner
(Officer signature other than Proposed Insured,
if owner is a corporation)

Welford S. Curtis Jr.

Witness (can be Licensed Producer)

Welford S. Curtis Jr.

Signature of Licensed Producer

POLICY DELIVERY RECEIPT FORM

I have received policy number 43508586

on the date shown below.

Date _____

Signed David Parnon
(Policyowner)

Signed at Sidell, LA.
(City, State)

Wesley S. Canty Jr.
(Producer)

Please complete both the Policyowner's copy and Company's copy

COMPANY'S COPY

Transamerica Financial Life Insurance Company
Transamerica Life Insurance Company
Transamerica Premier Life Insurance Company

DIS 44-197-CO